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Application Number Filing Date **POWER OF ATTORNEY** WEN GAO et al. **First Named Inventor** and METHODS AND APPARATUS FOR HIERARCHICAL Title MODULATION USING A RADIAL CONSTELLATION **CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examiner Name** PU030250 **Attorney Docket Number** I hereby appoint: **Customer Number 24498** OR ☐ Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number:. OR The address associated with Customer Number: OR Firm or Joseph S. Tripoli, Patent Operations Individual Name Address P. O. BOX 5312 Address **PRINCETON** NJ ZIP 08543-5312 State City USA Country 609-734-6819 Fax 609-734-6888 Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record NO. 27,914 Name Signature

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